

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

07 504 003

FILING DATE

2-14-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
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TOTAL ND.	3	1		1		1

25

	* IND. * DEP.		* IND. * DEP.		* IND. * DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		1		1		1